

DOMESTIC ABUSE PROGRAM QUARTERLY RESULTS

Use of form: This form is used to report the number of clients who reach each milestone on a quarterly basis.

I. Grant Program (Check one)

- ☐ Basic services ☐ Children's program ☐ Satellite program
☐ Support services ☐ Underrepresented populations ☐ Other - Specify _____

II. Program Title

III. Outcome Statement

IV. Performance Target

V. Quarter (Check one)

- ☐ January 1 - March 31 ☐ April 1 - June 30 ☐ July 1 - September 30 ☐ October 1 - December 31

VI. Client Milestones

	Milestones	Projected Number	Actual Number	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
	Performance Target			

VII. Name - Agency

VIII. Name - Person Completing Report

Telephone Number